

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. H16/0933/96.

Date registered 04 OCT 1996

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR. W. SMITH
90 PODDINGTONS
44 DOUBLE ST
Tel. No. SPALDING

NAME AND ADDRESS OF AGENT

(if form completed by agent)

PODDINGTONS
44 DOUBLE STREET
SPALDING Lincs
Tel. No. 0175 761856 (Contact) CRUNKHORN

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

58 BOURNE ROAD, SPALDING Lincs.

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated

OFFICE
H16/0250/96

Please complete

I attach the necessary plans and apply for approval as described below

Signed

Date

3RD OCTOBER 1996

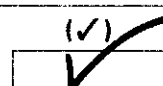
Please complete the section below.

This form is for approval of additional details. For approval of reserved matters you should not use this form — ask for Planning Application forms.

If a condition restricts activity in some way, and you wish to remove that restriction, you should not use this form — ask for Planning Application forms.

If a condition requires activity to be carried out in a certain way, you do not normally need to apply for approval, unless the condition specifically requires it.

2. The application is for approval of details required by a condition



State which details are submitted

- (i) DETAILS OF 3 STAFF PARKING SPACES TO REAR OF PREMISES
- (ii) DETAILS OF VISITOR CAR PARKING SIGNAGE

State drawing no's relating to the current submission

State condition no. under which this application is required

2 & 4